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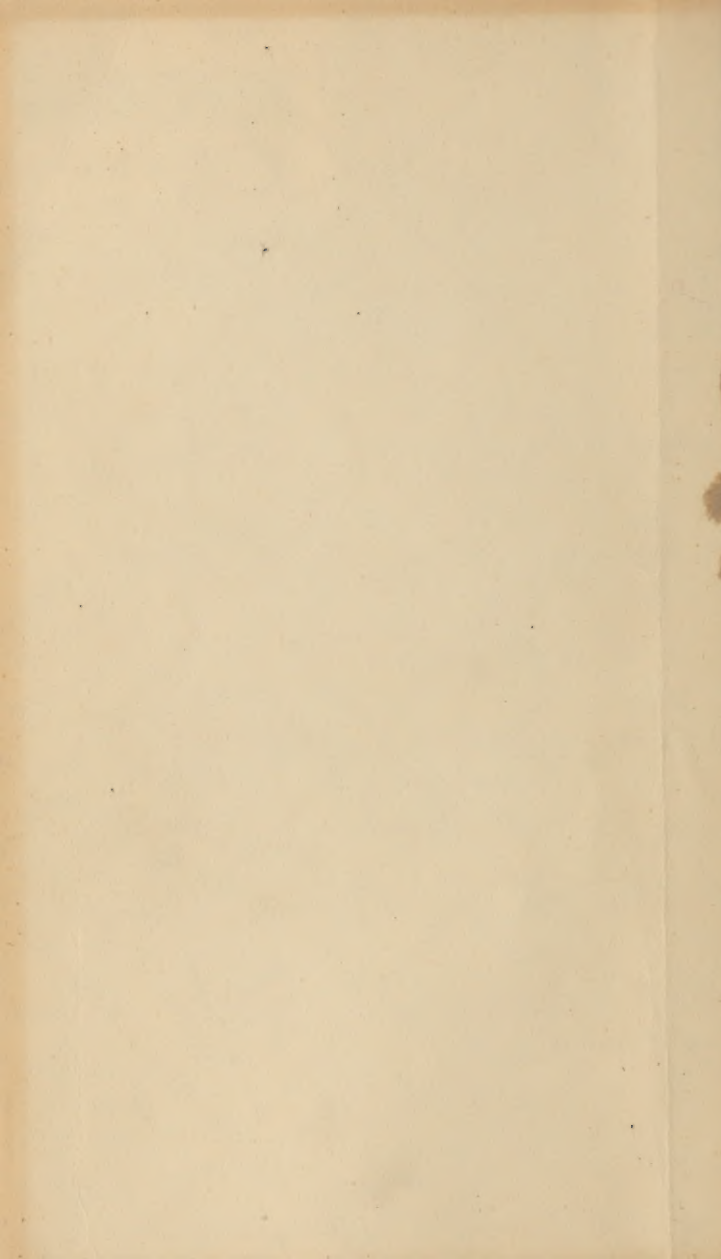
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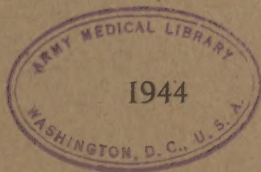
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ARMY SERVICE FORCES
SCHOOL FOR
MEDICAL DEPARTMENT ENLISTED
TECHNICIANS

U. S. Army.
FITSIMONS GENERAL HOSPITAL
U. S. ARMY
DENVER, COLORADO



HANDBOOK OF NURSING PROCEDURES
FOR
MEDICAL AND SURGICAL TECHNICIANS



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INTRODUCTION

Nursing is a series of basic principles that do not vary, although there may be a wide range of variation of the procedures involving these principles. The problem confronting you as a technician is to vary these basic principles to fit the needs of the individual patients. There is, for example, a basic method of making a hospital bed, but this method may be varied greatly to provide the utmost comfort for the patient. An instrument tray used for making an incision or for dressing an open wound would vary in content depending upon the type of wound, but the principles of sterilization would always be present, achieved by the most practical method available.

Always consider what measures it will be necessary for you to use to protect yourself in caring for each type of patient. Consider what measures must be taken to prevent the spread of infection to others, and also what means of protection will be indicated for the equipment you are using.

Examples of protection of equipment would be:

1. Protection of mattress by use of rubber sheet or paper.
2. Choice of method and timing in the sterilization of rubber goods.

In each assignment learn what duties you, as a technician, will be expected to perform, whether these duties be to carry out the entire procedure or to prepare the equipment, assist the doctor, and care for the equipment after use.

Learn to observe and report abnormal conditions. Learn to recognize which are serious enough to be handled as emergencies.

This book is your reference. Keep it with you while you are on duty...you will use it often. Make it your book by adding in the space provided any special techniques, lists of equipment, or standing orders which may prove valuable to you as a Medical Department Technician.

YOUR RESPONSIBILITY TO EVERY PATIENT

- A. Carry out doctor's orders with exactness. If order is contra-indicated, notify the doctor.
Examples:
 - 1. Respirations below fourteen per minute if morphine is ordered.
 - 2. Oral medications if patient is vomiting.
- B. Use nursing measures to relieve discomforts; keep bed dry and free from wrinkles, observe rules of oral hygiene, etc.
- C. Observe and report signs and symptoms.
- D. Prevent the spread of infection:
 - 1. Use only clean thermometers.
 - 2. Give adequate care to contaminated dishes.
 - 3. Dispose of germ laden dressings properly.
 - 4. Keep your hands meticulously clean.
- E. Prevent complications. Examples:
 - 1. Avoid secondary infection in burns.
 - 2. Maintain correct positions in burns and orthopedics.
- F. General observations:
 - 1. Is patient getting enough rest?
 - 2. Is the food adequate for his needs?

II. OUTLINE FOR NURSING PROCEDURES

- A. Define procedure. Plan your action.
- B. What is the purpose of this procedure you are to do? What results should be expected? Is it clean or sterile?
- C. What equipment do you need? To save time and effort, prepare lists of equipment necessary for common procedures.
- D. Test your equipment. Faulty equipment may cost a life.
Examples:
 - 1. Equipment to be used as sterile not sterilized.
 - 2. Hollow instruments (catheters, needles, etc) plugged or dirty on inner surface.
 - 3. Glass syringes mismatched or stuck.
- E. What will you record?
- F. Avoid spread of contamination by careless handling of used equipment. Care of equipment is not complete until it is clean or sterile and returned to its proper place ready for use again.

III. RULES FOR CLEANING EQUIPMENT

- A. If used in isolation or on septic wound, disinfect before cleaning.
- B. If bloody, wash with cold water.
- C. Wash well with soap and water. Be sure that hollow equipment (hollow needles, catheters, enema tips, etc.) is clean inside as well as outside.
- D. Rinse well in clean water.
- E. Boil the following items for 3 full minutes:
 - Levine tubes Enema tips
 - Rehuss tubes Oxygen masks
 - Stomach tubes Oxygen catheters
 - Colon tubes
- F. Put away and cover clean equipment until it is ready for use.
- G. Boil the following items 15 to 20 minutes:
 - Dishes Medicine glasses
 - Drinking glasses Enamelware
 - Drinking tubes
- H. Bed pans and urinals are sometimes cleaned and sterilized by special flush and steam equipment. They may also be cleaned by washing well with strong soap, or 3% solution of Army Germicide #5.

I. Disinfection of thermometers.

1. Place thermometer in green soap solution.
2. Wipe with waste or tissue, using a spiral motion. Be sure to start at end opposite mercury bulb.
3. Place thermometer in any disinfecting solution available. The strength and timing will vary with the solution used. Read label on bottle thoroughly.
4. Rub tip with alcohol to prevent burns from disinfectant. If possible, let thermometer stand in alcohol one full minute.

IV. PREFERRED METHODS OF STERILIZATION

A. Articles to be sterilized by autoclaving:

1. Ordinary instruments.
2. Sharps, if so ordered. (Protect edges of sharps with cotton).
3. Syringes. (Separate piston from barrel).
4. Needles, both hollow and suture.
5. Rubber goods, including rubber gloves.
6. Suture material.
7. Solutions. (Fill jar only 2/3 full. Do not use vacuum. Refer to autoclave instructions for timing).
8. Ointments. (Place in pans to catch overflow and seepage).
9. Vaseline gauze, if hot air method is impractical.
10. Enamel ware.
11. Linen.
12. Glove powder, in small quantities.

All articles to be sterilized by autoclave should be put up in containers in which they can be sterilized, stored and removed without contamination.

B. Articles to be sterilized by boiling:

1. Ordinary instruments, 20-30 min.
2. Syringes, 15-20 min. Separate the pistons from the barrels.
3. Needles, 5-10 min. Insert stylets before boiling.
4. Suture material, unless marked non-boilable, 20-30 min.
5. Soft rubber goods to be used as sterile 15-20 min.
6. Water to be used as sterile should be boiled for 20 min.

C. Articles to be sterilized by chemicals:

1. Sharp instruments, place in Phenol 83% for two minutes. Rinse in sterile water and place in alcohol 70% for 10 minutes.
2. Needles or syringes. Rinse well with sterile water before use.

D. Articles to be sterilized by dry heat:

1. Needles and syringes.
2. Ointments, vasoline gauze.
3. Powder, when sterilized in large quantities.

V. PROCEDURES TO BE DONE WITH
CLEAN EQUIPMENT

Baths	Bedmaking
Enemas	Throat irrigations
Lavage	Nasal irrigations
Gavage	Temperatures
Stupes (if skin is unbroken)	

Equipment to be used as clean:

Ice bags	Emesis basins
Air cushions	Hot water bottles
Medicine glasses	Drinking glasses
Bed pans	Drinking tubes
Urinals	Kitchen utensils
Oxygen equipment	

Test of clean equipment:

Would YOU be willing to have this
equipment used on YOURSELF?

VI. PROCEDURES TO BE DONE WITH STERILE EQUIPMENT:

Puncture procedures:

Hypodermic injections

Venipuncture

Hypodermoclysis

Chest tap

Spinal tap

Abdominal tap (Paracentesis)

Incision and drainage

Dressings on open wounds

Catheterization

Bladder irrigations

While setting up a sterile tray or assisting a doctor with a sterile procedure, it is best to mask, use sterile "pick-up" forceps, and always avoid reaching over the sterile field.

VII. BATHS

- A. Cleansing baths: bed bath, tub or shower, choice depending upon the patient's strength and facilities.
1. Assemble all equipment.
 2. Avoid drafts, make temperature of room comfortable.
 3. Test water temperature.
 4. Expose only the part of the patient being bathed; avoid getting the bed wet.
 5. Handle patient gently, aid him when turning.
 6. Change linen after bath.
- B. Therapeutic baths; (given only with Doctor's order).
1. Tepid or cold bath: given to reduce temperature. Procedure the same as for cleansing bath, omitting the soap, but the water is tepid or cold. Apply the water with your hand or a cloth, then pat dry, do not rub dry, with towel. Place an ice bag or cold compress at the patient's head and a hot water bottle at his feet. It may be necessary to protect the bed

- with a rubber sheet. Record the treatment, temperature at end of treatment, and the temperature one hour later.
2. Alcohol sponge bath, given to reduce temperature. Alcohol is applied with the hand in generous amounts with some massage. Record the treatment, temperature at end of treatment, and the temperature one hour later.
 3. Sitz bath, used to relieve congestion in the pelvic region. Often ordered following proctoscopic examinations and rectal operations. Water should be as hot as the patient will tolerate, and the bath should last from ten minutes to one-half hour, depending upon the patient's strength.
 4. Sedative pack, used to induce sleep or relax as mental patient is wrapped in blankets and wet sheets (avoid wrinkles) until the desired degree of relaxation has been accomplished.

VIII. NURSING CARE OF BURNS

- A. Equipment assembly for emergency treatment.
Sterile hypodermic set-up for tetanus toxoid, gas bacillus and morphine.
Plasma and venoclysis set.
Vaseline and 40 mesh gauze, sterile.
Sterile gowns; masks for everyone.
Equipment for shock bed.
- B. Refer to S.G.O. Circular Letters concerning Burn Treatments for both emergency and definitive treatment.
- C. Observe and report signs and symptoms indicative of patient's condition:
- | | |
|----------|--------------------|
| T.P.R. | Diarrhea |
| Anuria | Constipation |
| Nausea | Delirium or stupor |
| Vomiting | Symptoms of local |
| Extreme | infection. |
| thirst. | |
- D. Follow doctor's orders accurately.
- E. Contaminated dressings should be wrapped for burning. Contaminated equipment should be immediately decontaminated after it has been in contact with an infected patient.

IX. NURSING CARE OF COMMUNICABLE DISEASE

A. Respiratory diseases, spread thru oral and nasal discharges:

Diphtheria	Tuberculosis
Common Cold	Measles
Scarlet Fever	Polio-myelitis
Influenza	Meningitis
Mumps	Septic Sore-
Pneumonia	throat

B. Intestinal diseases, spread mainly thru alimentary discharges:

Typhoid
Paratyphoid
Bacillary Dysentery
Amebic Dysentery
Cholera

C. Insect-borne diseases:

Malaria	Trench Fever
Yellow fever	Bubonic Plague
Dengue	Filariasis
Typhus	Tularemia

D. Isolation. This is a technique employed to prevent the spread of a communicable disease from the patient to others. Infective organisms are carried by the hands and clothing of persons who come in contact with the patient or his surroundings, on dishes, linen, nursing utensils, and personal articles that are contaminated. Personnel attending the patient should be gowned, and the following rules observed:

1. Gown should cover entire uniform.
2. Neckties and neck band should be kept clean.
3. Gown should be put on and taken off in such a way that the inside remains clean.
4. Gown, if hanging outside cubicle, must be hung with contaminated side folded in.
5. Personnel should be masked. Masks should be of closely woven material, clean, dry, and should cover nose and mouth. Masks are worn to protect YOU, as well as the patient.

Some general rules of isolation to be remembered are:

1. Bed linen, towels, pajamas, attendant's gowns, etc., are placed in a bag marked isolation before being sent to laundry. There they are autoclaved or disinfected before being handled.
2. Dishes and enamel ware are boiled, autoclaved or soaked in 3% Army Germicide #5.
3. Disposable tissues and food scraps will be wrapped in a clean wrapper and disposed of by burning.
4. With intestinal diseases and poliomyelitis, the fecal discharges and urine must be disinfected before it is disposed of. This is done by soaking these discharges in 3% Army Germicide #5, or any other germicides available.
5. Keeping the patient in bed will help prevent complications, and help prevent the spread of infection.

Rules of Terminal Disinfection:

1. Patient should be bathed and dressed in clean clothing.
2. Personal articles that cannot be disinfected should be burned.
3. Mattresses can be autoclaved or aired in the sun for 6 hours on each side.
4. Furniture of the patient's unit should be washed with soap and water and aired thoroughly.
5. Walls, woodwork and floor should be meticulously scrubbed.

X. NURSING CARE OF PNEUMONIA

1. Follow the general rules of isolation when caring for a pneumonia patient.
2. Comfort is important in the treatment of pneumonia; this includes good general nursing care, frequent and complete oral hygiene, alcohol rubs, change of position, warmth and freedom from drafts.
3. Mental rest and freedom from worry are important factors in recovery. Visitors should be restricted or limited, visiting time should be brief.
4. Absolute bed rest is essential. The patient should be assisted to turn in bed, he should be fed rather than feed himself, and he should never be awakened except for the administration of sulfa drugs.
5. Record intake and output daily.
6. Note and record any abnormal signs or symptoms, cyanosis, intolerance for sulfa drugs, recurrence of fever, etc.

XI. PREOPERATIVE CARE

A. Mental preparation:

Your patient should be reassured that he will be all right after the operation, for fear is a major factor in the failure of some operations.

B. Physical preparation:

1. Rest, usually with sedation.
2. Diet, usually restricted to fluids immediately prior to the operation.
3. Skin preparation; area about the site of incision should be shaved the evening before the operation; scrub of area with green soap and alcohol after shaving is optional with the surgeon. Skin preparation will be completed in the operating room.
4. Immediate preoperative care: Have patient empty bladder. Remove jewelry and false teeth. Give preoperative medication.

XII. POSTOPERATIVE CARE

- A. Prepare postoperative bed before the patient returns to the ward.
 1. Extra blanket should be right over patient.
 2. Bed should be pre-warmed.
 3. Protect bed with rubber sheet
 4. Clear space so litter can be wheeled in without delay.
- B. Immediate care:
 1. Handle patient gently.
 2. Observe pulse, respiration, skin, lips, nails for signs of shock.
 3. Check dressings for hemorrhage.
 4. Stay with patient while he is unconscious.
 5. Be prepared to start I.V. fluids.
 6. Have emesis basin, mouth wipes, scratch pad, and pencil on the bedside table.
- C. General Care:
 1. Change linen and pajamas as often as necessary.
 2. Record accurately intake and output.

3. Encourage patient to empty bladder 8-12 hours after the operation. Be prepared to catheterize if patient cannot void voluntarily.
4. Enemas as ordered.
5. Strict oral hygiene at least twice a day.
6. Watch diet closely, from surgical liquid, liquid, light to regular.
7. Prevent respiratory infections. Encourage deep breathing, change position frequently, and encourage patient to cough.
8. Give patient whatever assistance he needs with personal hygiene, meals, etc. If he is unable to see, arrange his food in a logical manner (as in relation to the figures on a clock) and tell him where each kind of food is on his plate.

XIII. NURSING CARE OF PATIENT IN CAST

- A. Do not cover cast while it is wet, but allow it to dry thoroughly.
- B. Watch for evidence of pressure as the cast dries; cyanosis, pain, numbness or swelling may result from a tight cast.
- C. Watch for skin irritation at the edges of casts.
- D. Make the bed in such a manner that the weight of the covers will not be supported by the affected part. Additional covers may be necessary to protect the chest or lower limbs. Avoid drafts by tucking the covers in at the bottom of the bed.
- E. Protect the cast when the patient uses the bed pan if it is a low body cast or a high leg cast.
- F. If the cast is a heavy one, assist the patient to turn in the bed whenever possible. For a double spica of the hip, always have two technicians to turn the patient.

XIV. DIETS

- A. Cleanliness is the primary rule to be remembered in any kitchen.
- B. Tray should be attractive as it can be made. Avoid spilling soup or beverage.
- C. Be sure that patient can reach food. Assist him whenever you can.
- D. Common diets are:
 - 1. Surgical liquid: Broth, tea, fruit juices and carbonated beverages.
 - 2. Full liquid: As above, with the addition of milk, cream soup, jello, and ice cream.
 - 3. Soft: Poached eggs, toast, baked potatoes, cooked cereal, stewed fruit.
Dental soft: includes the above with ground meat and vegetables.
 - 4. Light: Omit heavy meat, (pork, highly seasoned meat, fried foods, and pastry.
 - 5. Regular: includes all average foods.

IV. STANDARD NURSING PROCEDURES

1. Irrigations, general:

Equipment used for irrigations may include:

Irrigating can with tubing and tip, bulb syringe, piston syringe, or medicine dropper.

Choice will depend upon equipment available and cavity to be irrigated.

Solution for irrigating.

Treatment sheet to protect clothing and bed.

Receptacle for waste.

Clean or sterile sponges for cleaning area around cavity.

2. Eye irrigations:

Sterile procedure if possible.

Solution commonly used:

Boric acid Sterile water

Saline Soda water

Position of patient:

Sitting or lying in a position which will allow the solution to escape at the outer canthus of the eye.

Direct flow away from nose into the pocket made by retracting the lower lid.

Dangers to be avoided:

Injury to eye with irrigating tip.

Use of wrong solution.

Infection from unsterile equipment.

3. Ear irrigations:

Sterile procedure only if infection is present, or if skin or membrane is broken.

Solutions commonly used:

Sterile water Normal saline
• Boric acid

Position of patient:

Sitting or lying in any position that favors a return flow.

Dangers to be avoided:

Excessive force.

Failure to provide for return flow.

4. Nasal irrigations:

Clean procedure.

Solution commonly used:

Normal saline Tap water

Position of patient:

Sitting with head bent forward, or with head turned to side and supported with pillows.

5. Throat irrigations:

Clean procedure.

Solutions commonly used:

Normal saline Tap water

Position of patient:

Sitting, with head bent forward to favor return flow.

Avoid aspiration of the irrigating fluid by the patient.

Record after each irrigations:

Time of treatment.

Solution used.

Nature of return flow.

Clean all equipment and return it to storage place ready for the next person to use.

6. External applications:

Wet Dressings:

Sterile If there is a break in the skin : about the area of the dressing. With all equipment sterile, the dressing may be put on the skin dry and the solution added with an asepto syringe, or the dressings may be put in pan of solution and applied with

"pick-up" forceps. Clean wet dressings may be wrung out by hand. Always protect the patient's clothes and bedding from becoming moist.

If the skin becomes irritated, it may be protected by applying oil or ointment about the area.

Hot applications should be made thick enough to retain the heat, unless there is danger from pressure. If this danger exists, frequent change will be necessary.

(This is usually true of eye applications). Cold compresses will be made thin.

Hot water bottles:

Fill bottles only 2/3 full, and consider the weight of the bottle when applying it to the patient. Do not have it hot enough to burn the patient, test it yourself first. Always use a bottle cover or blanket for protection. Never apply directly to patient's skin. Watch closely for burns on unconscious patient.

Test for leaks and expel all air before applying.

Use only clean water.

Ice caps:

- Avoid using sharp pieces of ice.
- Avoid using crushed ice. It is too heavy and melts too fast.
- Watch for symptoms of frostbite; cyanosis, swelling and circulatory failure.
- Use only clean ice.
- Test for leaks.
- Use cover or towel to protect patient.

7. Intravenous infusions:

Equipment:

- Sterile flask with solution.
- Sterile tubing with clamp and adaptor.
- Sterile needles.
- Tourniquet.
- Treatment sheet and towel.
- Antiseptic solution for preparing skin, with necessary sponges.
- Forceps in solution.
- Receptacle for waste.
- Adhesive to immobilize needle.

Duties of technician:

- Preparation of equipment.
- Assist doctor in starting procedure, or completing entire procedure. Watch patient throughout procedure. Record time, amount and kind of

solution, and name of procedure.

Dangers to be avoided:

Wrong solution.

Infection from unsterile equipment.

Running solution too fast.

Pulling needle out of vein, or pushing needle through vein.

8. Enemas:

Equipment (clean).

Irrigating can or funnel.

Tubing with clamp.

Enema tip or colon tube.

Treatment sheet and cover.

Lubricant.

Standard.

Bed pan with cover.

Toilet paper.

Solutions frequently used:

Saline (one tsp. salt to 500 cc.'s of water).

Soda (one tsp. to 500 cc.'s water).

Tap water.

Soapsuds. (Use mild soap).

Amount of solution for cleansing enema is usually 500 cc. of solution.

Position of patient for enema:

Preferable position is on left side with as few pillows, as possible for support. If patient is unable to retain enema, allow him to remain on back with bed pan under hips. To expel enema, patient will be elevated on pillows. Ambulatory patient may use bathroom.

Record:

Time of treatment.

Solution used, results obtained.

Abnormalities of return fluid.

Care of equipment after use:

Wash well with soap and water.

Clean tubes inside as well as outside.

Enema tip or tube should be boiled for three full minutes

after use. Return equipment clean and ready for use again.

Allow patient to wash well after this procedure.

Be sure bed is clean and dry before leaving patient.

9. Catheterization: (Sterile procedure) Equipment: (Sterile)
- | | | |
|--------------------|---|-----------|
| Rubber catheters, | 2 | Lubricant |
| Medicine glasses, | 2 | Sponges |
| Solution bowls, | 2 | Forceps |
| Specimen container | | Syringe |
- Additional equipment:
- Antiseptic solution for preparing field.
- Antiseptic solution for instillation-if ordered.
- Sterile gloves in wrapper
- Receptacle for urine
- Receptacle for waste
- Treatment sheet and cover

Record:

Time of treatment

Amount of fluid obtained

Name of person being procedure

10. Aspirations: (Sterile pro-
cedures)

Equipment:

Syringe, with novocaine.
Syringe, for aspiration.
Needles, assorted sizes. Spin-
al needles for spinal tap.
Antiseptic for skin prepara-
tion.
Medicine glasses.
Applicators and sponges.
Forceps.
Specimen tubes.
Sterile gown and drapes.
Sterile gloves.
Graduate measure.
Treatment sheet.
Receptacle for waste.

Technicians' duties:

Preparation of equipment.
Assist during procedure.
Record time, amount and char-
acter of fluid obtained, name
of person doing procedure.
Take specimen to laboratory.
Care for equipment.

1. Hypodermic medications:

Equipment:

Sterile syringe.

Sterile needle.

Sterile prepared solution, or drug tablets to be dissolved in sterile water. (Spoon method)

Alcohol sponge.

Procedure:

Assemble syringe and prepare medication. (If you are not supplied with the drug in the dosage ordered, divide what you want to give by what you have on hand. If your order is for panto-
non gr. $1/4$ and you have gr. $1/3$ tablets: Divide $1/4 \div 1/3 = 1/4 \times 3/1 = 3/4$. Therefore you will use $3/4$ of the tablet in the number of minims divisible by four. Use 12 minims to dissolve the tablet, and give the patient 12, discarding the other four minims containing $1/4$ of the tablet).

Choose site of injection.

Prepare site of injection with alcohol sponge.

Expel all air from syringe.

Inject solution with needle held at angle of about 60 degrees.
Withdraw needle and massage area gently for a few seconds.
Record on patient's chart.
Record on narcotic record.
Observe and note reaction to drug.

CAREFUL: Always be sure that you are administering the right drug in the correct amount to the right patient. If morphine is being given, count the respirations before administration. If respirations are below 16 per minute, withhold drug and notify doctor immediately.

12. Pouring medications:

Be sure of time and dosage.
Read label three times.
Never risk unlabeled bottles.
Never talk while pouring.
Shake well if in suspension.
Hold measure level with eyes.
Pour from side opposite label.
Dilute liquids, except cough mixture.
Record.
Know and watch for normal results.
Keep medicines locked.

13. Preparation of Dressing

Carriage

Sterile Supplies:

Instruments

Dressing Forceps ABD Pads

Tissue Forceps 4 x 8's

Henostats 4 x 4's

Tissue scissors 2 x 2's

Suture Scissors Tonsil Sponges

Scalpel Blades Applicators

Knife Handles

Dressings:

Ointments:

Petrolatum Jelly

Boric Acid Oint.

Zinc Oxide Oint.

Solutions:

Boric Acid

Normal Saline

Sterile Water

Hydrogen

Peroxide

Drugs:

Gentian violet

Iodine, 3%

Ether or benzine

Silver Nitrate

Alcohol, 95%

Etc.

Unsterile Supplies:

Emesis Basins

Roller Bandage

Safety Pins

Receptacle for Waste

Paper for Soiled Dressings, Etc.

14. Preparation of dressing tray:-
(Used for changing dressing on only one patient).

The sterile supplies, instruments, dressings, drugs, and solutions, and the unsterile supplies used on a dressing tray will vary with the type of dressing to be done, and with the standing orders for dressing the patient. It is used for convenience in dressing a single patient.

15. Oxygen Therapy

Equipment:

Oxygen tank.

Oxygen mask, nasal catheter or

Oxygen tent.

Lubricant for catheter.

Adhesive for immobilizing catheter.

Humidifier.

When setting up equipment for oxygen therapy, always take the following precautions:

"Crack the valve" of the tank to avoid injuring valve mechanism. Avoid use of oils on equipment. Never allow smoking in room. Follow directions with equipment.

Do not waste oxygen.

XVI. AVERAGE DOSAGE OF DRUGS

	METRIC	APOTHECARY
Morphine	0.000 Gm.	gr. 1/8
sulfate	0.01 Gm.	gr. 1/6
(narcotic)	0.016 Gm.	gr. 1/4
Codeine	0.016 Gm.	gr. 1/4
sulfate	0.032 Gm.	gr. 1/2
(narcotic)	0.064 Gm.	gr. 1
Atropine	.00043 Gm.	gr. 1/150
sulfate	.00065 Gm.	gr. 1/100
Dilaudid	.002 Gm.	gr. 1/32
(narcotic)	.0025 Gm.	gr. 1/24
Pantopon	.01 Gm.	gr. 1/6
(narcotic)	.02 Gm.	gr. 1/3
Scopolamine	.00043 Gm.	gr. 1/150
	.00063 Gm.	gr. 1/100
Strychnine	.001 Gm.	gr. 1/60
sulfate	.0005 Gm.	gr. 1/100
(Equivalents are approximate)		

XVII. EQUIVALENTS

Grams or cc.'s	Grain or Minims
0.06	1
0.3	5
0.6	10
1.0	15
0.006	1/10
0.0006	1/100
0.030	1/2
0.015	1/4
0.020	1/3

XVIII. APPROXIMATE EQUIVALENTS

4 cc.--	1 dram --	1 teaspoon
15 cc.--	4 drams--	1 tablespoon
30 cc.--	1 ounce--	2 tablespoons
500 cc.--	1 pint --	2 tumblersful
1000 cc.--	1 quart--	1 liter

XIX. COMMON ABBREVIATIONS

<u>aa</u>	of each
ad. lib.	as much as desired
C.	gallon
<u>C.</u>	centigrade
<u>c</u>	with
c.c.	cubic centimeter
Dur. dolor	while the pain lasts
Ft.	Let it be made
Gm.	gram, grams
gr.	grain, grains
gtt.	a drop, drops
L.	a liter
min.	minim
N.b.	note well
O.	a pint
Q.s.	as much as is sufficient
Rx.	take
<u>S</u>	without
S.o.s.	if necessary
Ss.	one-half
Tp.	teaspoonful
Tbsp.	Tablespoonful
Dr.	dram
Oz.	ounce

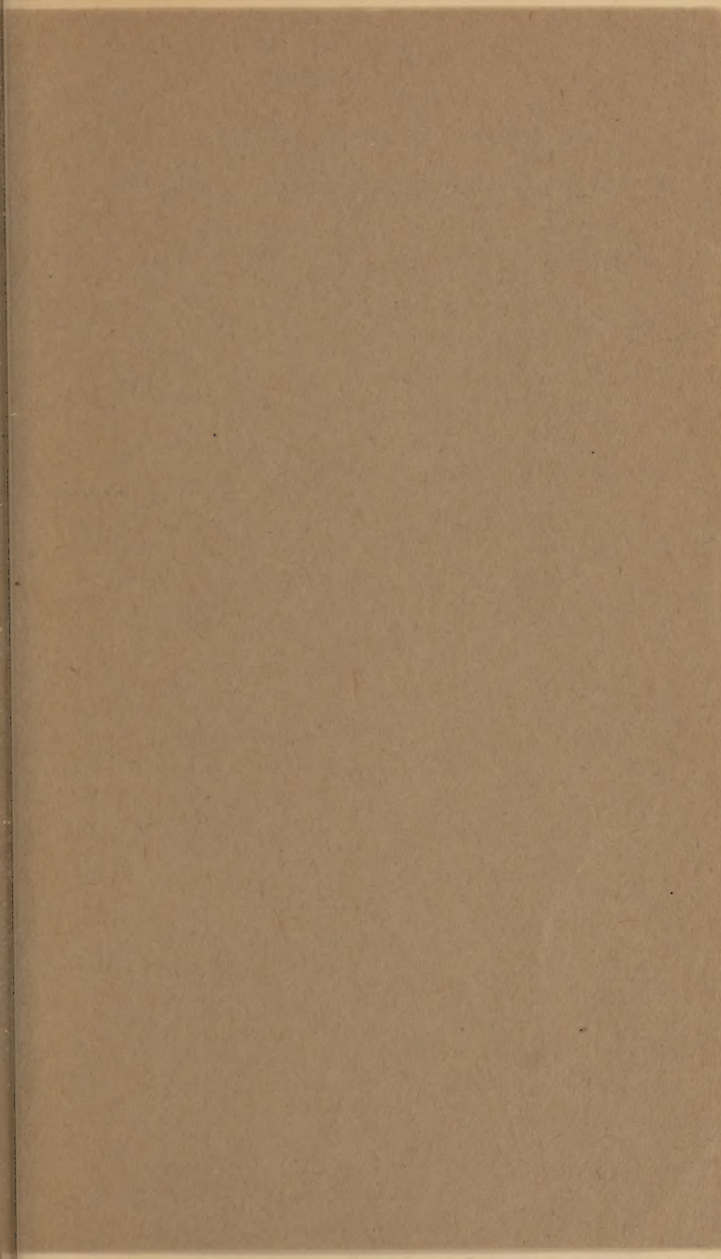
A.c.c.	Before meals
Alt. die.	alternate days
Alt. hor.	alternate hours
Alt. noct.	alternate nights
B.i.d.	twice in day
H.	hour
H.s.	at sleeping time
P.c.	after meals
P.r.n.	when required
Q.h.	every hour
Q.2.h.	every two hours
Q.4.h.	every four hours
Q.i.d.	four times a day
Stat.	at once
T.i.d.	three times a day
4.i.d.	8 AM, 12M, 4 PM, 8 PM.
T.C.	8 AM, 2 PM, 6 PM

The following blank pages are to be used for stating orders, specific procedures, and any additional information that may be valuable for you.

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